ROCKY MOUNTAIN HEALTH PLANS®
A UnitedHealthcare Company

2027 Individual & Family ACA Marketplace Plans



Gender-affirming care coverage guide – Hormone therapy

Effective: January 1, 2027

Your UnitedHealthcare® Rocky Mountain HMO health plan covers many hormone therapy medications for gender affirming care. The information below shows the coverage and forms of hormone therapy covered by your health plan. Please note, the information below only shows the common medications to treat gender dysphoria. Talk to your health care provider about your treatment options. Applicable formulary requirements such as prior authorization and quantity limits, and cost-share may apply.

With a prescription from your health care provider, under your plan's pharmacy benefit, you can fill your hormone therapy at a network pharmacy and applicable cost-share may apply. Log into **myuhc.com/exchange** and choose the **Pharmacies & Prescriptions** section to find an in-network pharmacy near you. In addition to your prescription coverage, your plan's medical benefits may also cover some hormone therapy.

Applicable coverage rules or limits such as quantity limits may apply. To find out if your medication has these coverage rules, see your Prescription Drug List (PDL) at **myuhc.com/exchange**. You can also **view your PDL** without logging into your account.



Hormone Therapy Drug List

Feminizing Hormones

Estrogen

Drug name	Type of benefit	Age restriction	Prior authorization
Estradiol (O)	Pharmacy Benefit	No age restriction	No
Estradiol (TP)	Pharmacy Benefit	No age restriction	No
Estradiol Valerate (Inj.)	Pharmacy Benefit	No age restriction	No
Depo-Estradiol (Estradiol Cypionate) (Inj.)	Medical Benefit	No age restriction	No

Progesterone

Drug name	Type of benefit	Age restriction	Prior authorization
Medroxyprogesterone Acetate (Inj.)	Pharmacy Benefit	No age restriction	No
Medroxyprogesterone Acetate (O)	Pharmacy Benefit	No age restriction	No
Micronized Progesterone (O)	Pharmacy Benefit	No age restriction	No

Anti-Androgen

Drug name	Type of benefit	Age restriction	Prior authorization
Spironolactone (O)	Pharmacy Benefit	No age restriction	No
Finasteride (O)	Pharmacy Benefit	No age restriction	No

Masculinizing Hormones

Testosterone

Drug name	Type of benefit	Age restriction	Prior authorization
Testosterone Cypionate (Inj.)	Pharmacy Benefit	No age restriction	Yes
Testosterone Enanthate (Inj.)	Pharmacy Benefit	No age restriction	Yes
Testosterone 1% (TG)	Pharmacy Benefit	No age restriction	Yes
Testosterone 1.62% (TG)	Pharmacy Benefit	No age restriction	Yes
Testopel (Testosterone) (PE)	Medical Benefit	No age restriction	Yes
Aveed (Testosterone Undecanoate) (Inj.)	Medical Benefit	No age restriction	Yes

Key: **O** – Oral **I** – Implant **Inj.** – Injection **PE** – Pellets **TG** – Topical Gel **TP** – Transdermal Patch

Puberty Blockers

Drug name	Type of benefit	Age restriction	Prior authorization
Leuprolide Acetate (for Depot Suspension) (Inj.)	Pharmacy Benefit	No age restriction	Yes
Trelstar Mixject (Triptorelin Pamoate) (Inj.)	Medical Benefit	No age restriction	Yes
Triptodur (Triptorelin Extended-Release) (Inj.)	Medical Benefit	No age restriction	Yes
Firmagon (Degarelix) (Inj.)	Medical Benefit	No age restriction	Yes
Zoladex (Goserelin Acetate) (I)	Medical Benefit	No age restriction	Yes
Supprelin LA (Histrelin) 50 mg (I)	Medical Benefit	No age restriction	Yes

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Need more information about your pharmacy drug coverage and costs?

Please visit **myuhc.com/exchange**. You can also call the member phone number on your health plan ID card. Health care providers can visit **uhcprovider.com/exchange**.



Refer to your benefit plan materials to determine your coverage for medications and cost share. Where differences are noted, the benefit plan documents will govern.

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